

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/56328

FILING DATE

10 AUG 2006

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/			
3	2		/			
4	2		/			
5	2		/			
6	2		/			
7	2		/			
8	0		/			
9	0		/			
10	2		/			
11	2		/			
12	0		/			
13	0		/			
14	0		/			
15	0		/			
16	/		/			
17	/		/			
18	/		/			
19	2		/			
20	3		/			
21	0		/			
22	0		/			
23	0		/			
24	0		/			
25	0		/			
26	0		/			
27	0		/			
28	0		/			
29	0		/			
30	0		/			
31	0		/			
32	0		/			
33	0		/			
34	0		/			
35	B		/			
36	B		/			
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46						
47						
48						
49						
50						
TOTAL IND.	4		4			
TOTAL DEP.	42	←	32	←		
TOTAL CLAIMS	46		36			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.		←			←	
TOTAL CLAIMS						